

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Anna Augusta Aldridge

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death			Birth-place	Death-place
Married, Single or Widowed	Name or Wife or Husband				
Father's Name				Father's Birthplace	Md
Mother's Maiden Name				Mother's Birthplace	Md
Name of person giving information				How related to deceased	2 <sup>nd</sup> Cousin.

Funeral White

School Girl

Wm R. Aldridge

Mary R. Bowers

Self

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Typhoid Fever

How long

one week

Immediate

Hypertension Heart failure

How long

week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

A. L. Dodd

Address

Chesapeake

Accident or Suicide?

Chester Cemetery  
John N. Dodd  
undertaker

Name  
in  
Full

Robert Boyle

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Rome Italy	
Occupation	Agriculturist			Where Residing if not at place of death		East Neck Island
Married, Single or Widowed	Married	Name or Wife or Husband	Mary Augusta Wicker	Father's Birthplace	New York	
Father's Name	Robert A Boyle			Mother's Birthplace	Charleston S.C.	
Mother's Maiden Name	Adelaide Benson			How related to deceased	not at all	
Name of person giving Information	J. W. Daffington					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis

1/60

How long

2 years

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

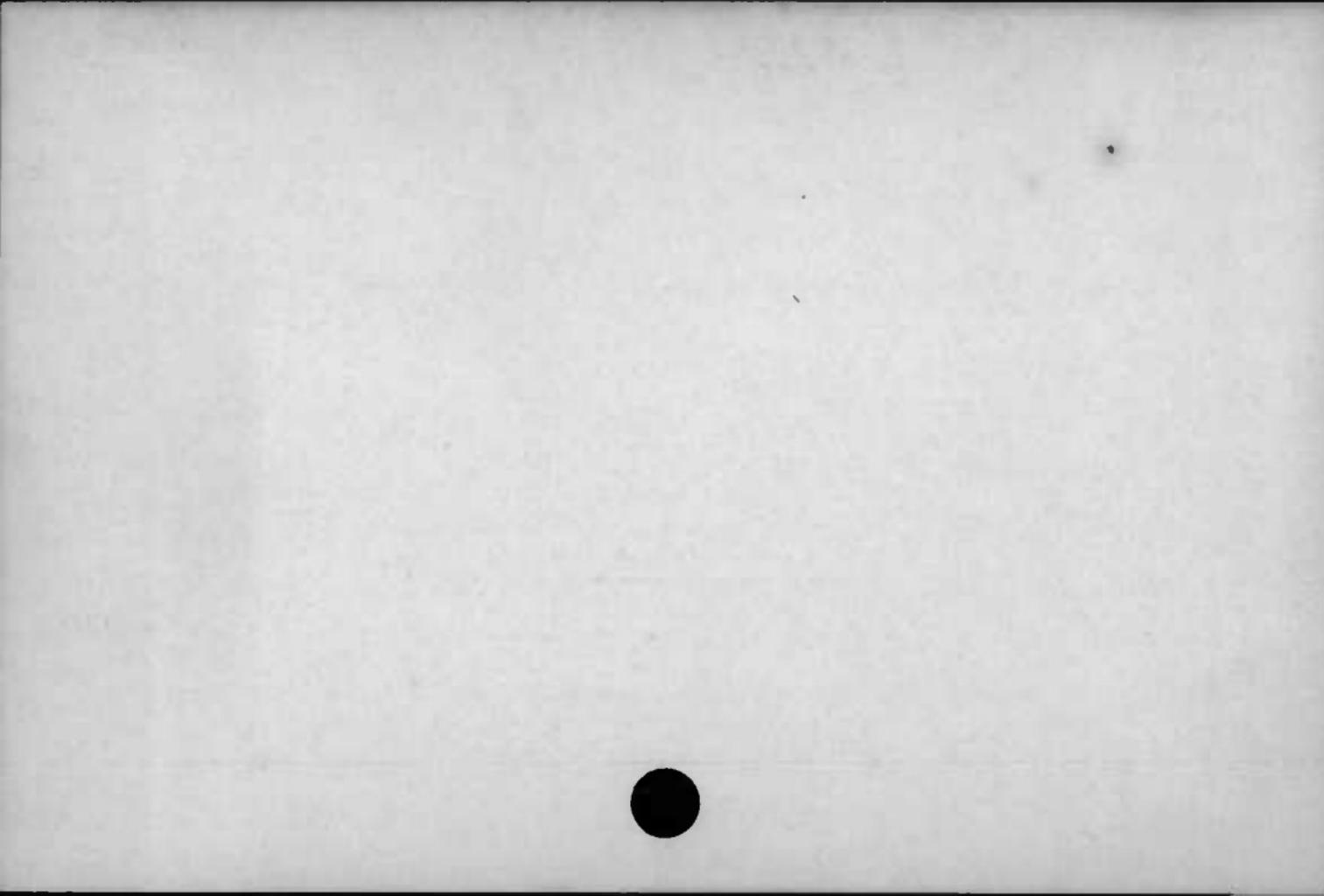
J. B. Willson

Address

Eckerville P.O.

Accident or Suicide?

✓ Kent Conn.d.



*Emory Camp  
near Galena*

Died at *Galena* County *Stept*

MARYLAND

Date <i>1905</i>	Month <i>2</i>	Day <i>11</i>	Age <i>73</i>	Y. M. D.	Native of <i>Md.</i>	Occupation <i>farmer</i>
Male	White	Married	Widow	Divorced		
<i>Female</i>	<i>Colored</i>	<i>Single</i>	<i>Widower</i>	Number of children living <i>5-</i>		

Husband of *Susan Camp*

Wife Father's Name

Mother's Name

Cause of Death Primary

*Pneumonia*

*93*

How long sick

*9 days*

Immediate

*Cardiae paralysis*

Accident, Suicide, Homicide

Reported by

*Dr. W. Larimer M.D.*

Address

*Galena*  *died.*

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Samuel Cault

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Year	Months
1905	2	24	—
Age	one year	Days	—
Sex	boy	Race	White
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	No.	Line or House	Galeana
Father's Name	Henry S. Cault		
Mother's Maiden Name	Sophia Cault		
Name of person giving Information	Henry S. Cault		
Father's Birthplace	Galeana, Md		
Mother's Birthplace	Galeana, Md.		
How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary: ~~Consumption~~  
Immediate: ~~Consumption~~  
Causes of Death: Pulmonary Acute Tuberculosis

How long:  
~~3 weeks~~  
How long:

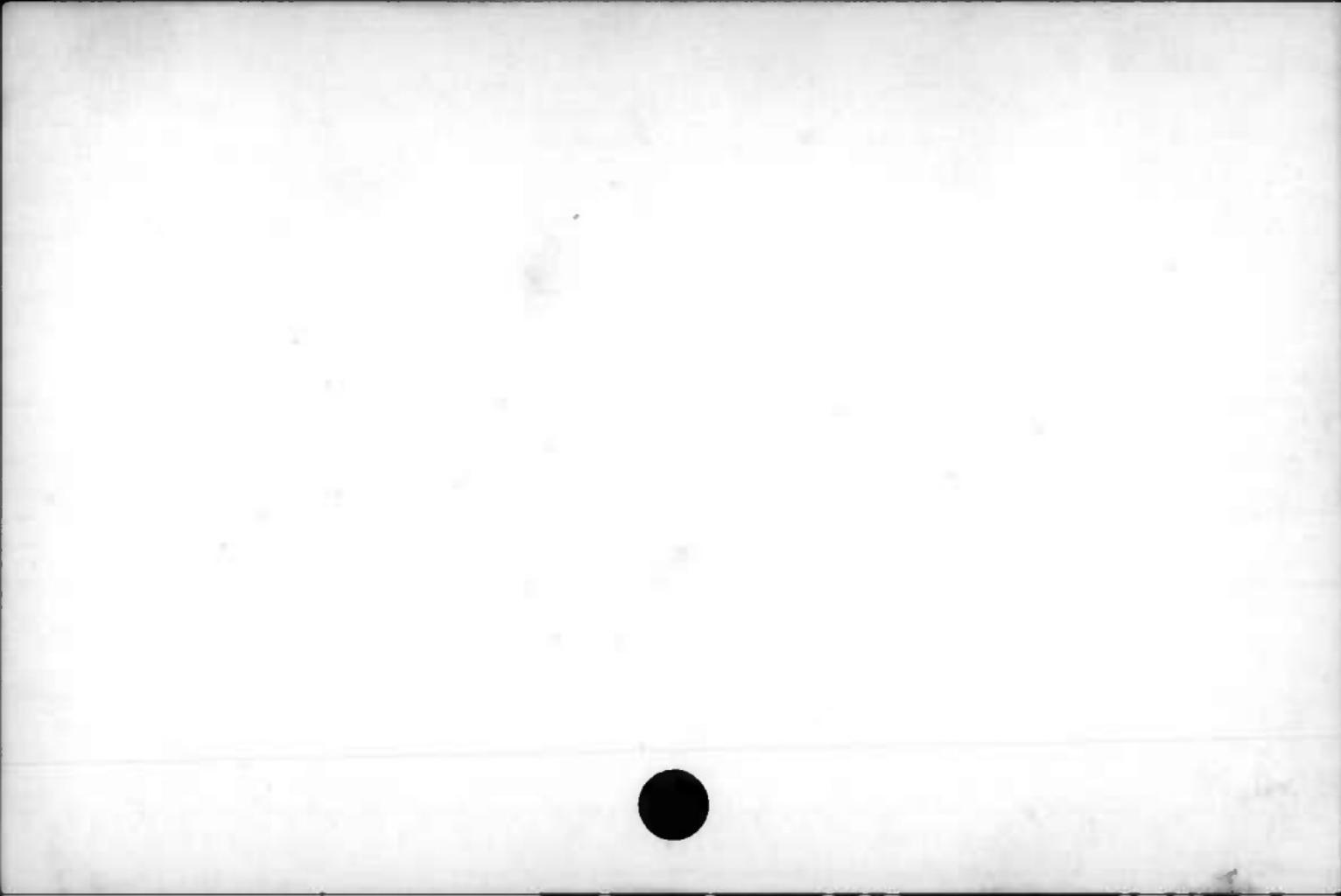
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address:

H. Schinner

Accepted in case?



Name  
in  
Full

Mary Chambers

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Coleman	Saint				
Date of death	Month	Day	Years	Months	Days
1905	Feb	26	11	—	—
Sex	female	Color or Race	Black.	Birth-place	mol.
Occupation	House wife	Where Residing if not at place of death			
Married, Single or Widowed	married	Name of Wife or Husband	Henry Chambers	Father's Birthplace	mol
Father's Name	Alexandra White			Mother's Birthplace	mol.
Mother's Maiden Name	Charlotte White			How related to deceased	Husband
Name of person giving information	Henry Chambers				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Tuberculosis 21 How long 6 months.

Immediate Heart failure, 21 How long

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

Wm. S. Maxwell,  
Still Pond, Md.

Accident or Suicide?

Colección

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at Southville		County Kent		MARYLAND	
Date of death 1905	Month July	Day 8	Years	Months 6	Days 15
Sex Male	Color or Race white	Birth-place Kent Co Md			
Occupation None	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Eugene Clayton	Father's Birthplace Kent Co Md				
Mother's Maiden Name Alice Dolive	Mother's Birthplace Kent Co Md				
Name of person giving Information Eugene Clayton	How related to deceased Father				

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	How long
	Immediate Congestion of Lungs	195
Are the name, age, sex, color, date and place correctly given above?	yes	How long 3 or 4 weeks.
	Signature of Physician John H. Hersey	
	Address Hawthorne Md	
Accident or Suicide?		

J. H. Church.

Name  
in  
Full

Georgie Odnegeys

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Town  
Washington

County  
Kent Co

MARYLAND

Date  
of death

Month

Day

Years

Months

Days

1905

2

21

.77

.

.

Age

Sex

Female

Color or  
Race

White

Birth-  
place

Kent Co

Occupation

wom

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Wm Odnegeys

Father's  
Name

Elijah Moses

Father's  
Birthplace

Kent Co

Mother's  
Maiden Name

Name of person giving  
Information

Mother's  
Birthplace

How related  
to deceased

CAUSES OF DEATH

Primary

Trunk decay

How long

the mouth

Immediate

"

"

How long

Are the name, age, sex, color, date  
and place correctly given above?

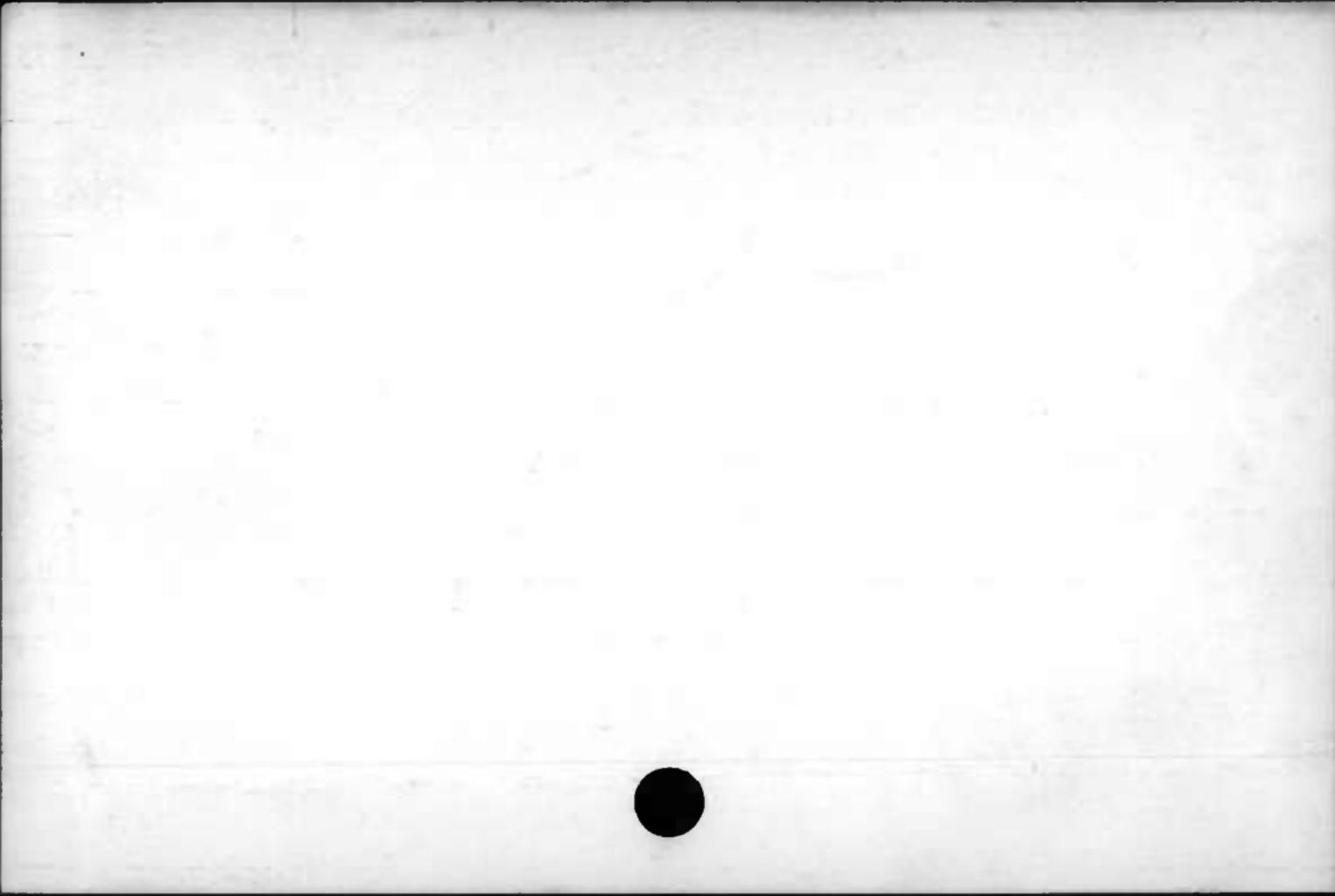
yes

Signature of  
Physician

W Odnegeys  
Inoculating  
Agent

Address

Accident or Suicide?



Name  
in  
Full

Agnes Cress

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Alexander W. Cress	Father's Birthplace		Md		
Mother's Maiden Name	Sarah E Birch	Mother's Birthplace		Md		
Name of person giving information	Hylan Cress	How related to deceased		Brother		

CAUSES OF DEATH

Primary	Diabetes mellitus	How long	4 yrs
Immediate	Convulsions	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	N G Dumper
		Address	Chestertown Md
Accident or Suicide?	No		

Still Pic of

Name  
in  
Full

Mrs Sallie E. Wixson.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1905	Month FEB	Day 15	Years 47 Months 5 Days 21
Sex Female	Color or Race White	Birth-place Maryland	
Married, Single or Widowed	Occupation	Housewife	
Name of Wife or Husband	Sallie E. Smith	Father's Name	Wm Smith
Mother's Maiden Name	Elizabeth Fisher	Father's Birthplace	Maryland
Name of person giving information	Geo Wixson	Mother's Birthplace	"
How related to deceased	Husband		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis of lungs	
Immediate	21 years	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?		



Name,  
in  
Full

Marian Elizabeth Darsey

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	Feb	17	—	5-	—
Sex	Color or Race	Age	Birth- place		
Female	Negro	—	Md	—	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Sam'l Doreey	Father's Birthplace			
Mother's Maiden Name	Lannie Wright	Mother's Birthplace			
Name of person giving Information	Wm. Carter	How related to deceased Employer -			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

93

How long

How long

5-days,

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

H. L. Dodes  
Chesapeake

Accident or Suicide?

*Buttertown.*

Name  
in  
Full

# Still Born Infant

## CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at <u>near Lynch</u> Town		<u>Hunt</u> County		MARYLAND		
Date of death <u>1905</u>	Month <u>Sept</u>	Day <u>16</u>	Age <u>—</u> Years	Months <u>—</u>	Days <u>—</u>	
Sex <u>female</u>	Color or Race <u>Black</u>	Birth-place <u>Md</u>				
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>James Ellertberry</u>	Father's Birthplace <u>Md</u>					
Mother's Maiden Name <u>Georgeanna Wright</u>	Mother's Birthplace <u>Md</u>					
Name of person giving information <u>—</u>	How related to deceased <u>Father</u>					

### CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Abortion. S.

How long

Immediate

Don't Know.

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

W.S. Maxwell,  
Suit Land, Md.

Accident or Suicide?

Fountain Church

Name  
in  
Full

Carleton L. Fowler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County			MARYLAND	
Date of death 1905	Month July	Day 16	Age 17	Years	Months 11	Days 6
Sex Male	Color or Race White	Occupation None			Birth-place Kent Co Md.	
Married, Single or Widowed Single						
Name of Wife or Husband						
Father's Name John W. Fowler				Father's Birthplace Kent Co Md.		
Mother's Maiden Name Emma Bedford				Mother's Birthplace Kent Co Md.		
Name of person giving Information Emma Fowler				How related to deceased no other		

CAUSES OF DEATH

Primary Vq How long

Immediate Diphtheria How long 18 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Accident or Suicide?

Chester Cemetery,  
John N. Dodd,  
undertaker,

Name  
in  
Full

Annie Gale

CERTIFICATE OF DEATH

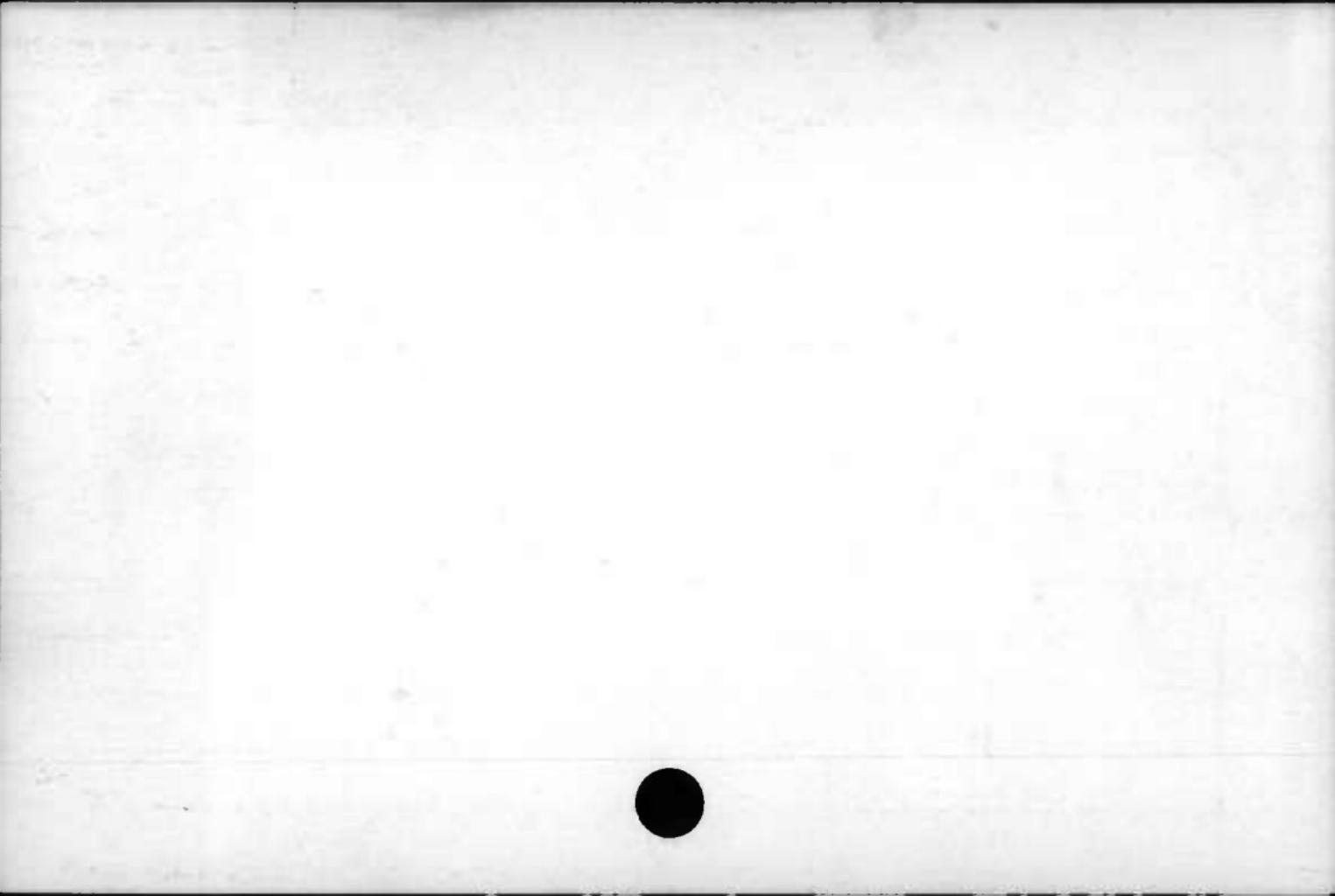
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Pomona	Kent				
Date of death	Month	Day	Years	Months	Days
1905	2	12	Age 76		
Sex	Female	Color or Race	Colored	Birth-place	Kent Co
Occupation	Housewife	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Frank Gale		
Father's Name					
Mother's Maiden Name	Emaline Abbott				
Name of person giving information	J.W. Johnson				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Paralysis	60
Are the name, age, sex, color, date and place correctly given above?	Yes
	Signature of Physician
	Address
Accident or Suicide?	✓ Med



Name  
in  
Full

Lena Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905	Month Feb	Day 6	Years 18	Months 3	Days 4
Sex Female	Color or Race Colored	Birth-place Kent Co., Md.			
Married, Single or Widowed	Single	Occupation			
Name of Wife or Husband	Lena Johnson				
Father's Name	Shady Johnson	Father's Birthplace	Md		
Mother's Maiden Name	Mary Wrenan	Mother's Birthplace	Md		
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

How long

Suruey

Immediate

Other harr lungs

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

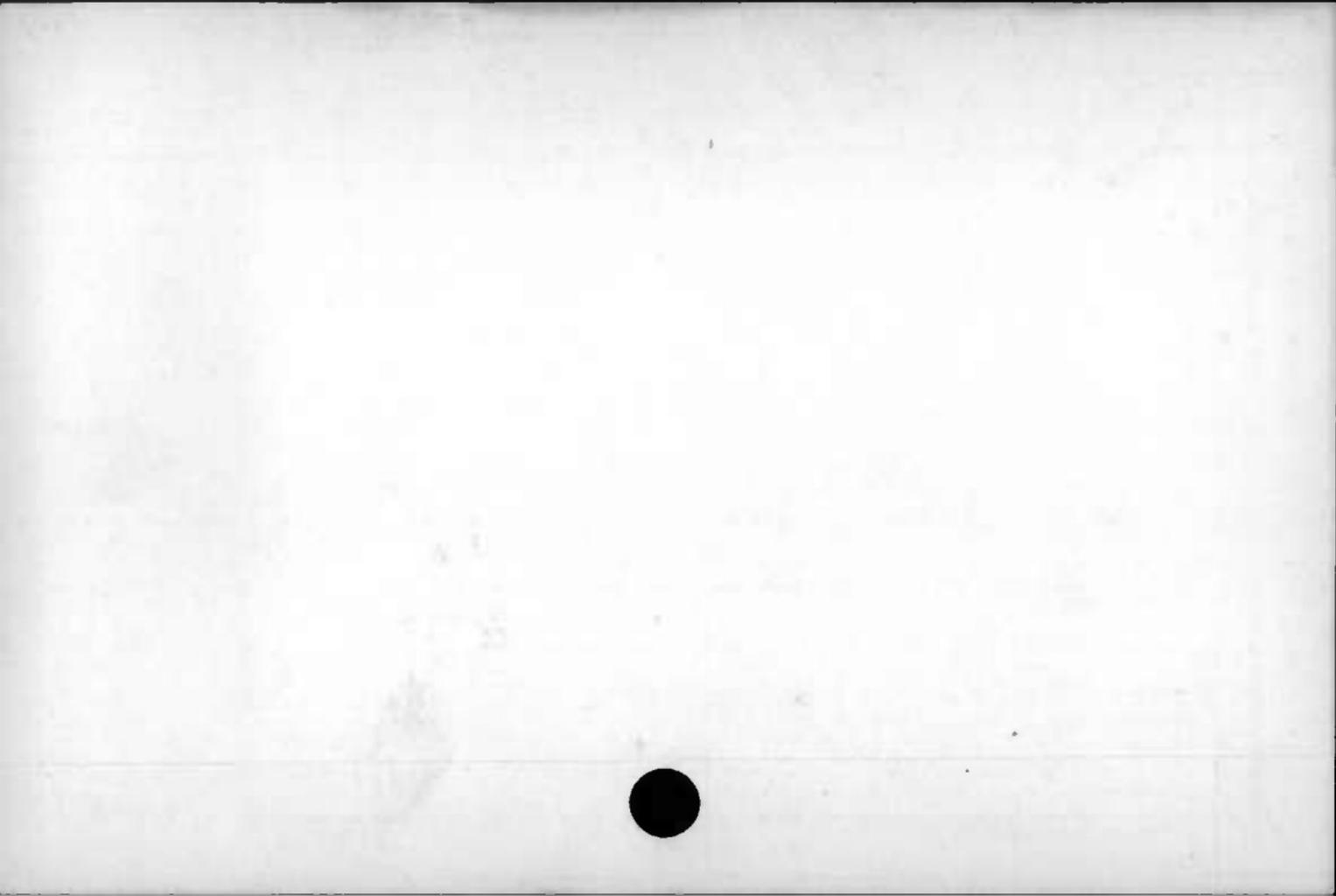
Address

N. M. Jeter M.D.

Baltimore.

Vol.

Accident or Suicide?



Name  
in  
Full

Sarah M. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1900	Month Feb	Day 28	Years 74	Months	Days	
Sex	Female		Color or Race	White	Birth-place	Delaware	
Occupation	Housework		Where Residing if not at place of death		at home		
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Jonathan Jones		Father's Birthplace	Delaware			
Mother's Maiden Name	Harriet Rawlings		Mother's Birthplace	Delaware			
Name of person giving information	Miss Ella Jones		Now related to deceased	Niece			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Age & Chronic Bronchitis for 15 years  
Cardiac insufficiency  
asthma.

How long

1 Years

How long

our work

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Reported on the 3<sup>rd</sup> day  
of March 1903 —

Name  
in  
Full

Paschal Lusby

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1905	Feb.	20	84	8	8	
Sex	Male	Color or Race	White	Birth-place	Md.	
Occupation	Retired Agriculturist			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Emily Lusby	Father's Birthplace		
Father's Name				Mother's Birthplace		
Mother's Maiden Name				How related to deceased		
Name of person giving information	V			154		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Old age - general debility. How long

Immediate Asthma - Heart failure How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

D. L. Dodd -

Address  
Chester town,  
Md.

Accident or Suicide?

Chester Cemetery  
John N. Good,  
undertaker.

Name  
in  
Full

Frances Murray

CERTIFICATE OF DEATH

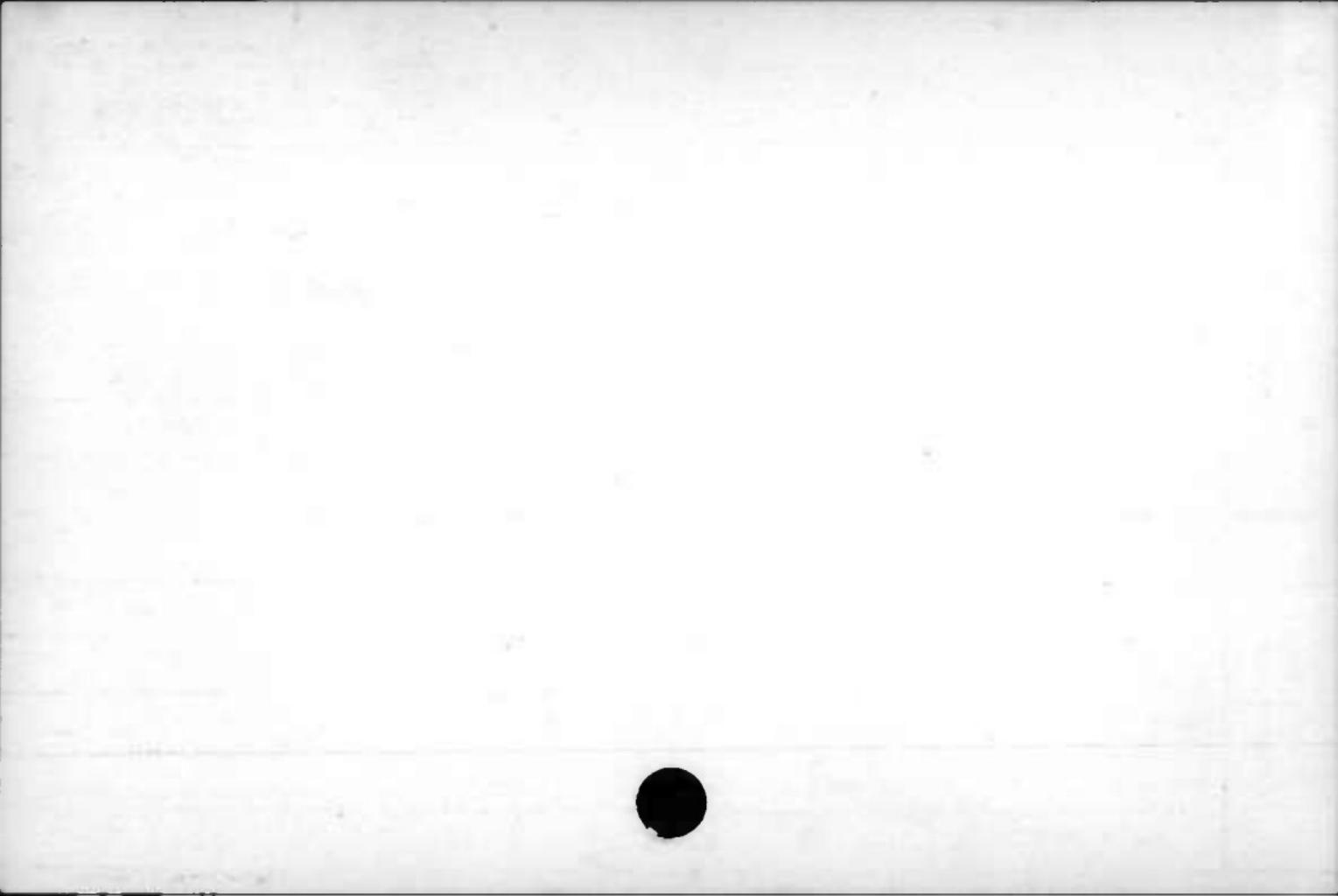
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Wm J. Murray		Father's Birthplace		
Mother's Maiden Name	Henretta Graves		Mother's Birthplace		
Name of person giving information	Stella Murray		How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Acute - virulent Tuberculosis	How long	2 months
Immediate	Asthenia	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	V. G. Simpson
		Address	Chesertown Md
Accident or Suicide?		No	



Name  
in  
FullTo BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

<b>John Joseph Roeder</b>				<b>CERTIFICATE OF DEATH</b>		
Died at <b>Bethelton</b>		Town	County <b>Hent</b>		MARYLAND	
Date of death <b>1905</b>	Month <b>Feb</b>	Day <b>11</b>	Age <b>71</b>	Years	Months	Days
Sex <b>male</b>	Color or Race <b>white</b>			Birth-place <b>md</b>		
Occupation <b>retired</b>	Where Residing if not at place of death					
Married, Single or Widowed <b>married</b>	Name of Wife or Husband <b>Elizabeth Shaffer</b>				Father's Birthplace	
Father's Name <b>John Roeder</b>				Mother's Birthplace		
Mother's Maiden Name <b>Mariah Billheimer</b>						
Name of person giving information <b>Mrs Alex May</b>				How related to deceased	<b>Daughter</b>	

**CAUSES OF DEATH**

Primary

**Weak heart.**

How long

**5 years.**

Immediate

**Heart failure.**

How long

Are the name, age, sex, color, date and place correctly given above?

**yes.**

Signature of Physician

**Wm S. Maywell**

Address

**Still Pond, Md.**

Accident or Suicide?

Still Panel.

Name  
in  
Full

Hannetta Ruggold

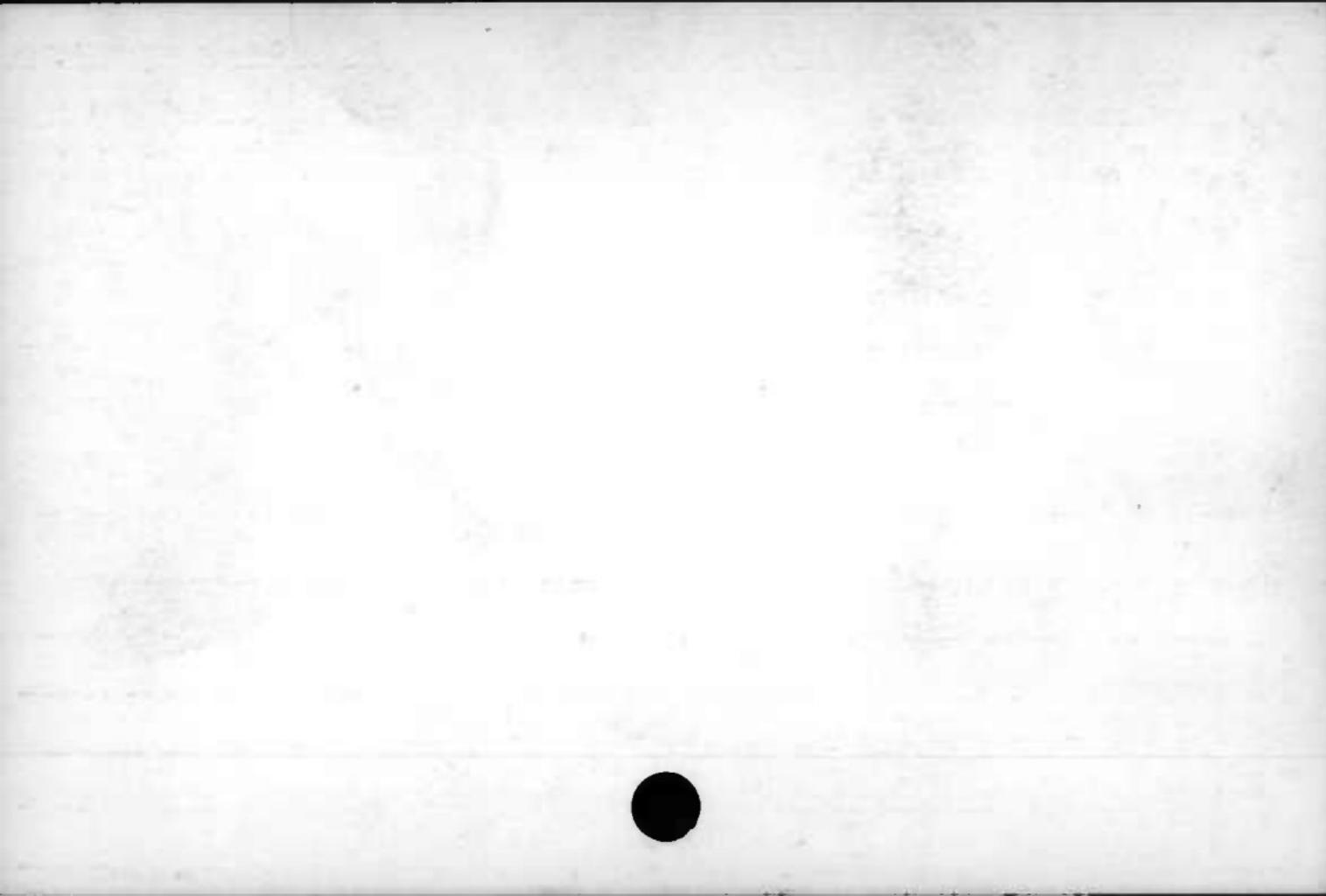
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death 1905	Month Feb	Day 23	Age 50	Years	Months Days
Sex Female	Color or Race Coal	Birth-place Kent Co			
Occupation Housewife	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband John Ruggold	Father's Birthplace Kent Co			
Father's Name Michael Trusty	Mother's Birthplace Kent Co				
Mother's Maiden Name Hester Gould	How related to deceased Husband				
Name of person giving information John Ruggold					

## CAUSES OF DEATH

Primary Chronic interstitial nephritis	How long 5 years
Immediate Convalescence	How long 3 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician V. G. J. Summers
Address	Chestertown
Accident or Suicide? No	



Name  
in  
Full

Hannah Seney

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Buttertown.

Kent County

MARYLAND

Date of death	Month	Day	Years	Months	Days
1905	Feb.	13			

Sex	female.	Color or <input checked="" type="checkbox"/>	Colored.	Birth-place	Md.
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Occupation	Housewife.	Where Residing if not at place of death
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Married, Single or Widowed	married.	Name of Husband	Richard Seney.
-------------------------------	----------	--------------------	----------------

Father's Name	Boil Brown	Father's Birthplace	
------------------	------------	------------------------	--

Mother's Maiden Name	Boil Brown.	Mother's Birthplace	
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Name of person giving Information	Richard Seney.	How related to deceased	Wife.
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CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia.	How long	15 days.
Immediate	Heart failure.	How long	

Are the name, age, sex, color, date  
and place correctly given above?

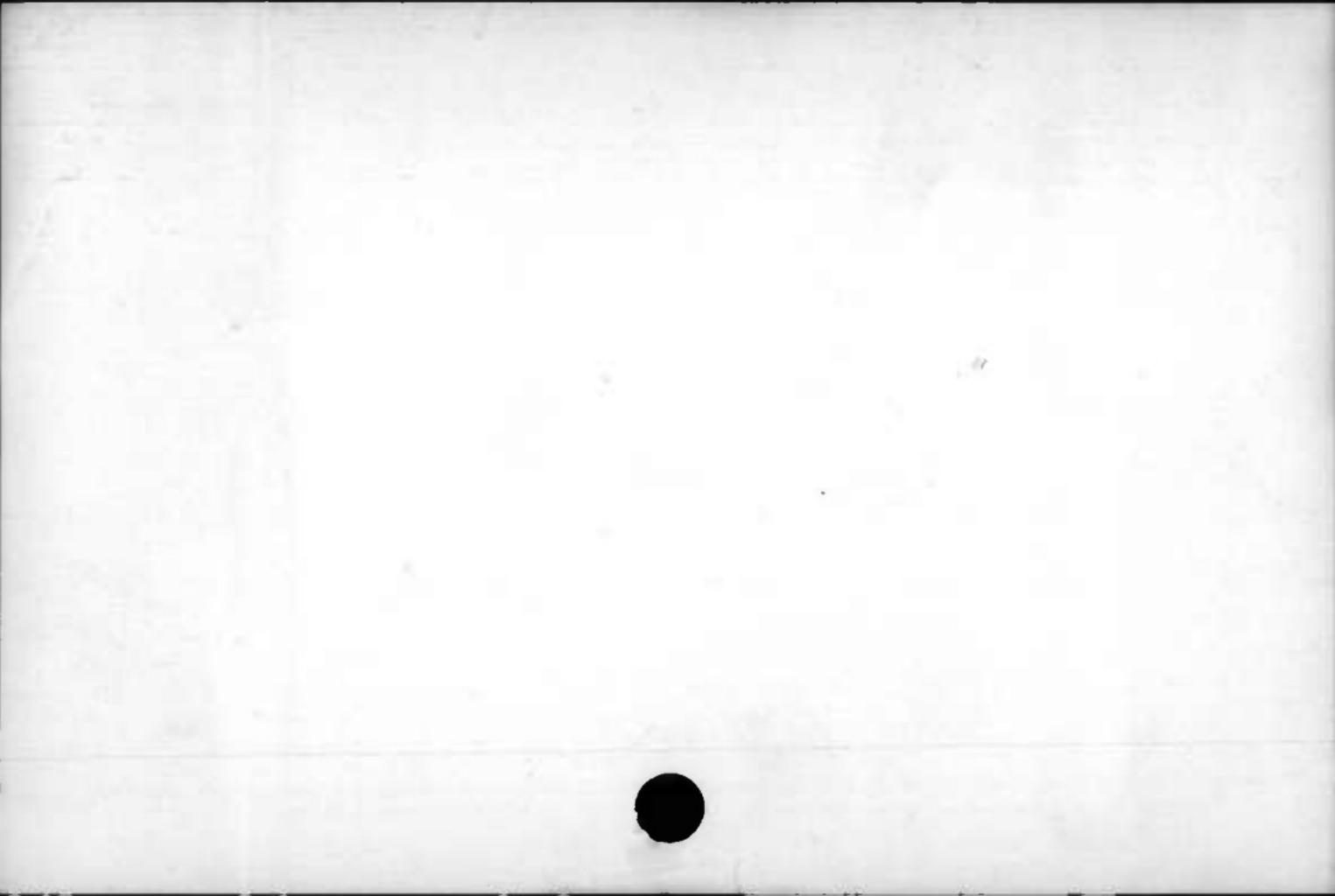
Yes.

Signature of  
Physician

Address

Mr. S. Maxwell,  
Still Pond, Md.

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Edesville</u>		Town	County <u>Kent Co.</u>		MARYLAND		
Date of death <u>1905</u>	Month <u>Feb.</u>	Day <u>28</u>	Age <u>67</u>	Years <u>67</u>	Months <u>2</u>	Days <u>8</u>	
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Maryland</u>					
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Place of birth at home</u>						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Elizabeth Brookins</u>						
Father's Name <u>Joseph A. Smith</u>	Father's Birthplace <u>Maryland</u>						
Mother's Maiden Name <u>Weathy Read</u>	Mother's Birthplace <u>Maryland</u>						
Name of person giving Information <u>Elizabeth Brookins</u>	How related to deceased <u>Wife</u>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Heart Disease

How long

8 month

Immediate

Exhaustion

How long

One hour

Are the name, age, sex, color, date and place correctly given above?

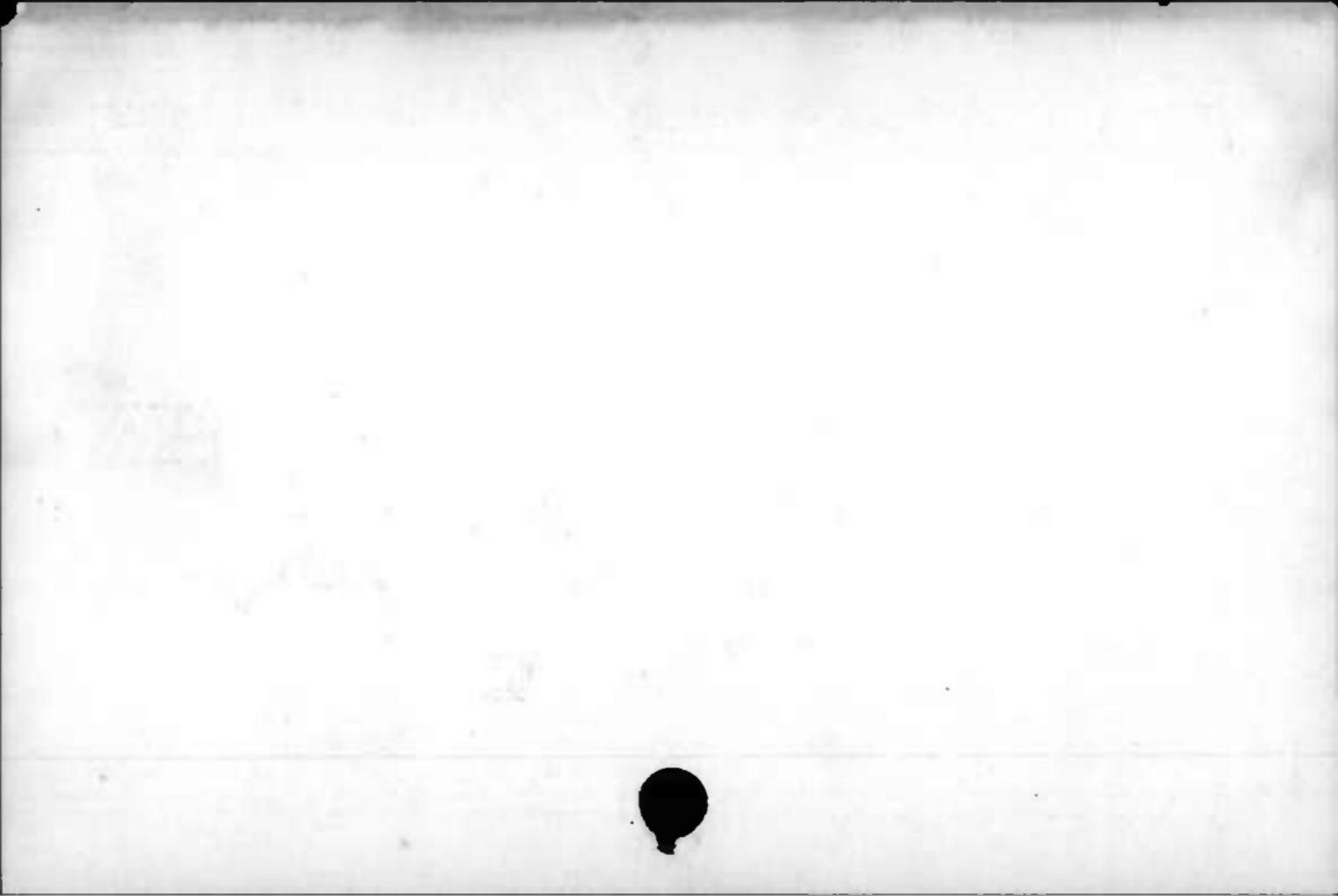
Yes

Signature of Physician

Address

J. C. Coffey M.D.  
Rockfalls, Kent Co.

Accident or Suicide?



Name  
in  
Full

Marta Stewart

CERTIFICATE OF DEATH

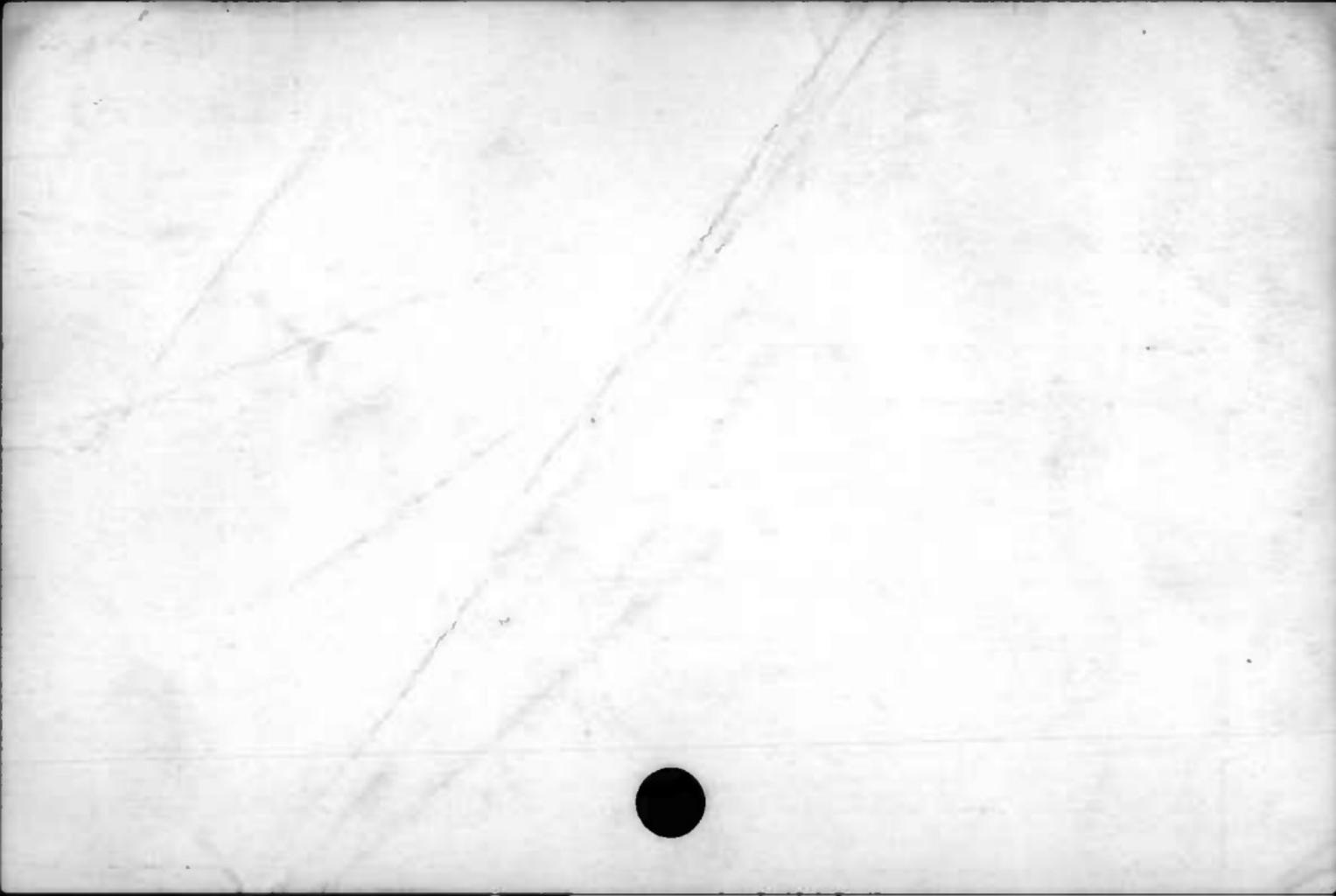
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Sam'l Stewart				
Mother's Maiden Name	Sarah Thomas				
Name of person giving information	Sam'l Stewart				
Father's Birthplace Kent Co					
Mother's Birthplace Kent Co					
How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Capillary bronchitis		How long	3 days
Immediate	Aptuca		How long	60
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	H. G. Simpson	
		Address	Chesapeake, Md	
Accident or Suicide?	✓			



Name  
in  
Full

Howard Franklin Tibbitt  
near Golts

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death 1905	Month 2	Day 11	Years	Months 5	Days 7	
Sex male	Color or Race white	Birth-place Delaware				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Amos Tibbitt					Father's Birthplace
Mother's Maiden Name	Sallie Bailey					Mother's Birthplace
Name of person giving information	Sallie Bailey					How related to deceased mother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

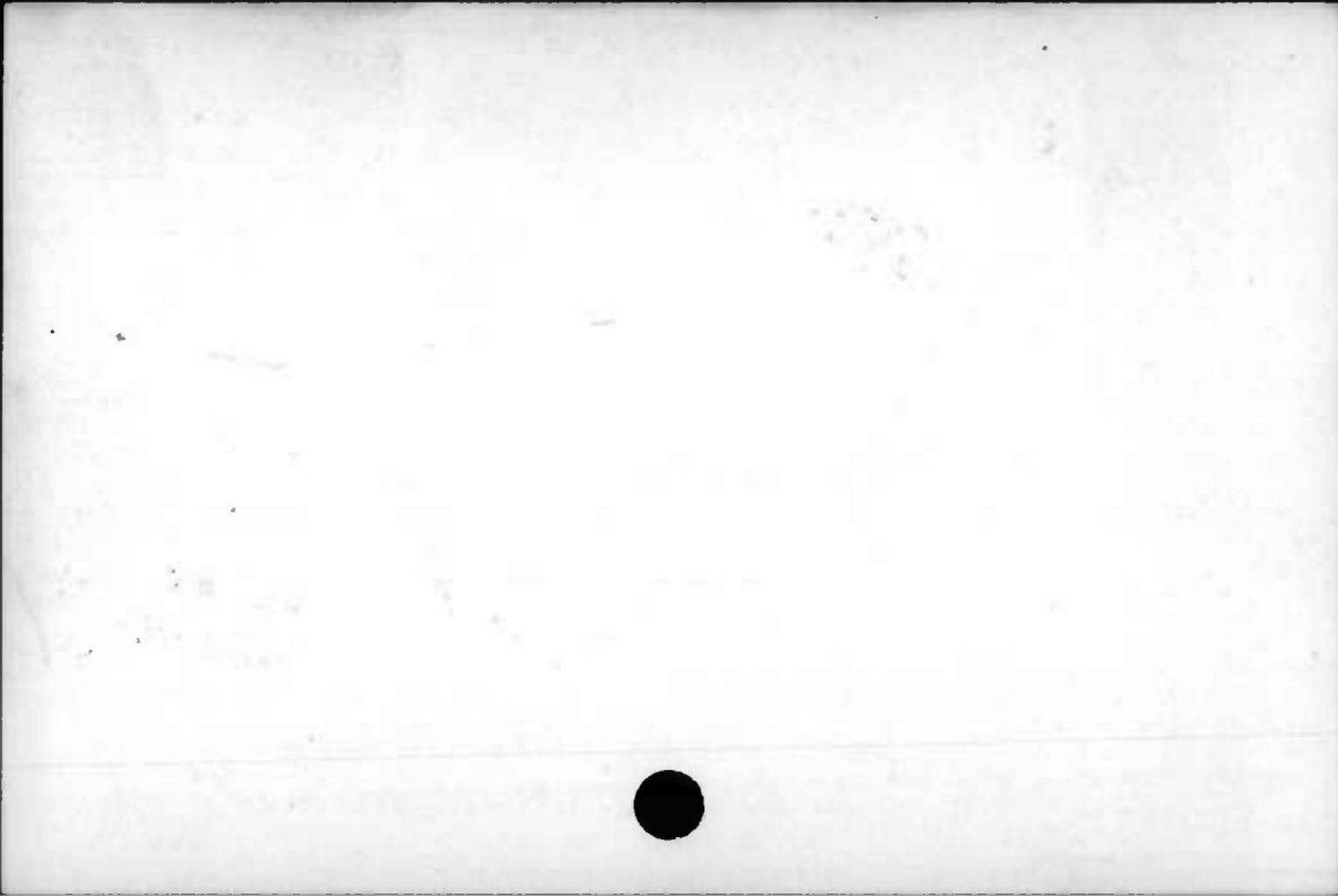
Signature of Physician

Address

O. W. Jacobs

Millington  
Md

Accident



Name  
in  
Full

Mabel C. Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Hallands	Kent	
Date of death	Month	Day	Years
1906	July	5	Age 2
Sex	Color or Race	Birth-place	
Female	white	Baltimore	Days 18
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Baltimore Md	
Single			
Father's Name	Frank Smith		
Mother's Maiden Name	Ida E Fowler		
Name of person giving information	Frank Smith		
	How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

diphtheria

9

How long

11 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

John H. Hessey

Address

Hanesville Md

Accident or Suicide?

Shuster Cemetery  
John N. Dodd, Undertaker

Eno

Name  
in  
Full

Mary Emma Truitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		
Worton	Kent	MARYLAND		
Date of death	Month	Year	Months	Days
1905	July	10	Age	4 23
Sex	Color or Race	Where Residing if not at place of death	Bpl.	
Female	White	Baltimore Md		
Occupation		Baltimore Md		
None				
Married, Single or Widowed	Name of Wife or Husband			
Single				
Father's Name	W. F. Truitt	Father's Birthplace	Kent Co Md	
Mother's Maiden Name	Ida Fowler	Mother's Birthplace	Kent Co Md	
Name of person giving information	W. F. Truitt	How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

Pneumonia

2 days

Are the name, age, sex, color and place correctly given above?

yes

Signature  
Physician

Address

John H. Hessey MD  
Hannanville Md

Accident or Suicide?

Chester Cemetery  
John N. Dodd  
Undertaker

Name  
in  
FullTo BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

John R. Vanduyke

Town

County

MARYLAND

Died at

Synch

Kent

Date  
of death

1905

Month

Feb

Day

21

Years

64

Months

5

Days

—

Sex

Male

Color or  
Race

White

Birth-  
place

Md.

Occupation

Farmer

Where Residing if not  
at place of death

— —

Married, Single  
or Widowed

Widower

Name of Wife or  
Husband

— —

Father's  
Name

Thomas Vanduyke

Father's  
Birthplace

— —

Mother's  
Maiden Name

Elizabeth Price

Mother's  
Birthplace

— —

Name of person giving  
Information

John Vanduyke

How related  
to deceased

daughter

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

Hemorrhage

How long

11 days.

Are the name, age, sex, color, date  
and place correctly given above?

J.W.

Signature of  
Physician

Address

J. W. Vanduyke,  
Eliz. Price, Md.

Accident or Suicide?

Chittenden

Name  
in  
Full

Minnie Varlow

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Chesertown</u>		County <u>Kent</u>	
Date of death <u>190</u>	Month <u>Feb.</u>	Day <u>13</u>	Years _____
Age _____	Months <u>3</u>	Days _____	
Sex <u>Female</u>	Color or Race <u>Negro.</u>	Birth-place <u>Chesertown Pa</u>	
Occupation _____	Where Residing if not at place of death <u>Chesertown</u>		
Married, Single or Widowed	Name of Wife or Husband _____		
Father's Name <u>Wm. Varlow</u>	Father's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Mapelda (Lily) Hodges</u>	Mother's Birthplace <u>Md.</u>		
Name of person giving information <u>Father, Wm. Varlow</u>	How related to deceased		

CAUSES OF DEATH

Primary Dont know did not see her (7) 93  
from description by father  
Immediate suppos'd cause was Pneumonia How long 3 or 4 days.  
suppos'd cause was Pneumonia How long

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Addres

H. L. Dodd  
Chesertown

Accident or Suicide?

Colored Cemetery Chesterton  
John N. Dodd  
undertaker

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

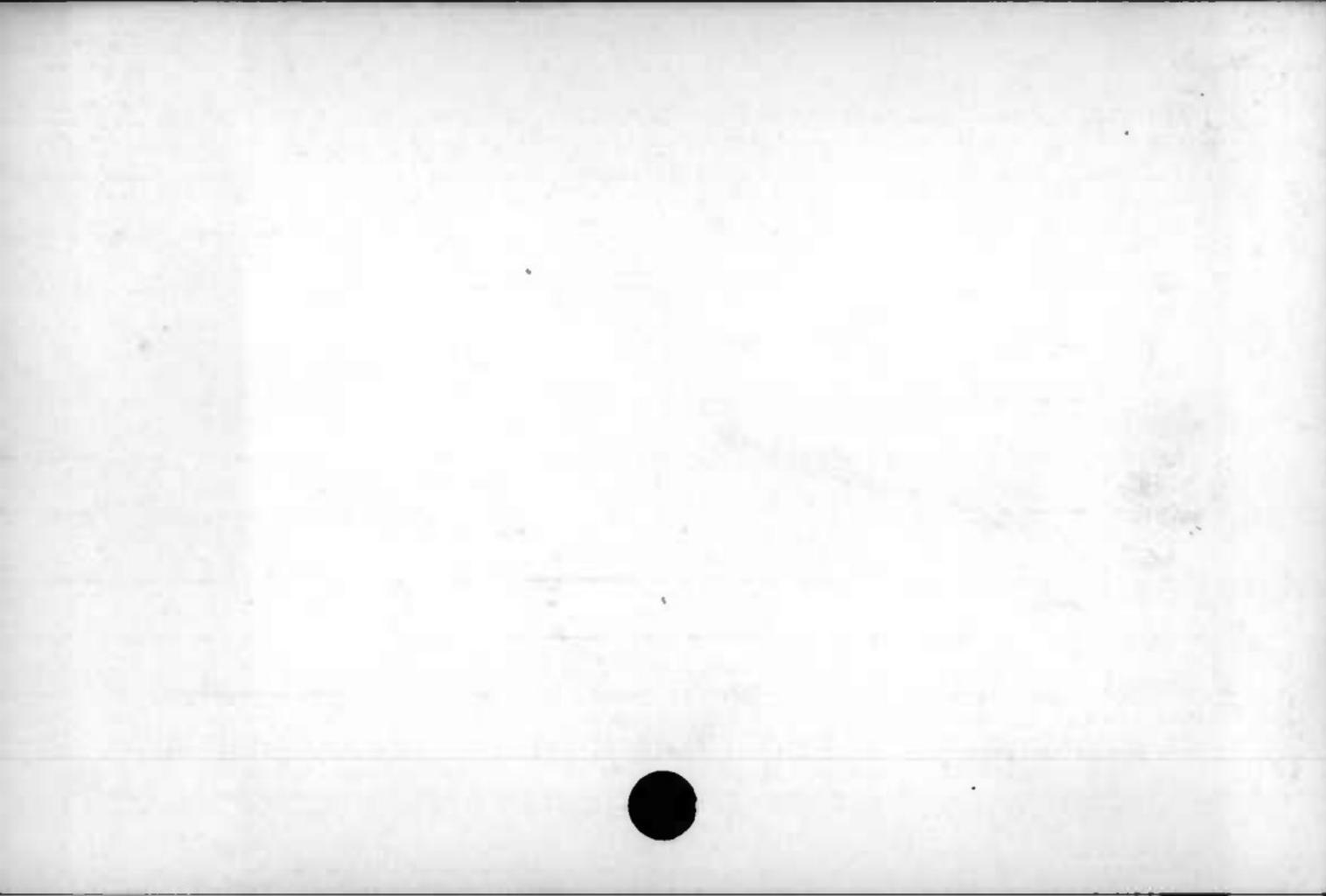
Henry Washington

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1905	Month Feb	Day 12	Years 63	Months -	Days -
Sex	Male	Color or Race	Colored		Birth-place	Va
Occupation	Laborer		Where Residing if not at place of death		Sankfoot.	
Married, Single or Widowed	Widow	Name of Wife or Husband	-		Father's Birthplace	Va
Father's Name	do not know Slave		-		Mother's Birthplace	Va
Mother's Maiden Name	"	"	"		How related to deceased	Daughter.
Name of person giving information	Gracie Bowser					

CAUSES OF DEATH

Primary	Paralysis	How long	2 weeks
Immediate	Paralysis	How long	3 weeks.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H Bringe Simmons
		Address	Chestertown Md
Accident or Suicide?	W		



Name  
in  
Full

Mary Wright

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at home Town

Hurst County

MARYLAND

Date Month Day Years Months Days  
of death 1905 Jul 27 Age 80 — —

Sex Female Color or Race Colored Birthplace Hurst & New

Occupation Cook. Where Residing if not at place of death at Edw Lounds

Married, Single or Widowed Married Name of Wife or Husband Sophia Wright

Father's Name Simpson Corneggs

Father's Birthplace Hurst & New

Mother's Maiden Name Savina Sailor

Mother's Birthplace Hurst & New

Name of person giving information J.Wright

How related to deceased Son

CAUSES OF DEATH

Primary Unknown How long a few hours

Immediate Natural Causes. age How long a few hours

Are the name,age,sex,color,date and place correctly given above? Yn Signature of Physician Wm. W. Gandy

Address

Chesapeake MD

Accident or Suicide? none



